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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 04368/000J367-US0
	In re Application of Azariah Jossifoff	
	Application Number 09/856,417	Filed August 8, 2001
For	VAGINALLY ADMINISTRATABLE PROGESTERONE-CONTAINING TABLETS AND METHOD FOR PREPARING SAME	
	Art Unit 1616	Examiner A. Pryor

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	310.00
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	530.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of \$840.00 (fee) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 51,401

July 13, 2004
Date

(212) 409-3790
Telephone Number

 Signature
 Stephanie R. Amoroso, Ph.D.
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.

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02 FC:1253

840.00 OP

Express Mail Label No. _____ Dated: _____